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ABSTRACT

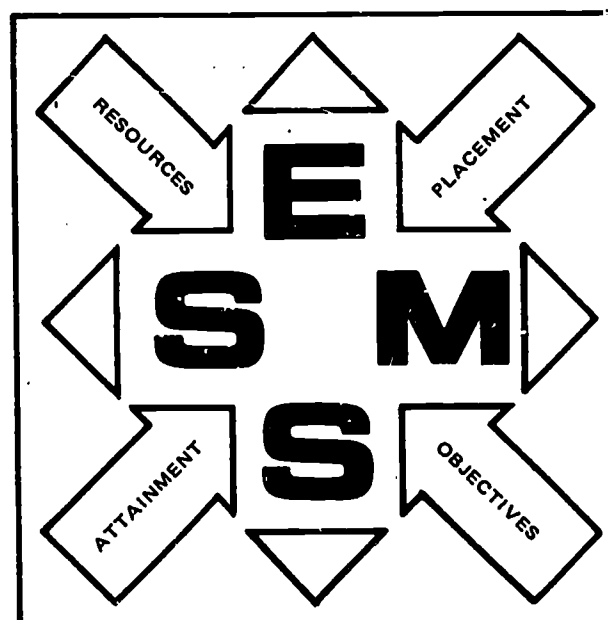
The eighth volume in an eight-part series on a task-based management system for special education programs presents definitions of terms used in the system, lists participants and consultants involved in the testing of project materials, and discusses the process of labeling exceptional children. (For related information, see also EC 050 205 through EC 050 211.) (GW)

**A GUIDE FOR THE  
MANAGEMENT OF  
SPECIAL EDUCATION  
PROGRAMS**

**MENTALLY AND  
BEHAVIORALLY  
EXCEPTIONAL  
CHILDREN**

Project Number 44-00000-0000-925  
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**SPECIAL EDUCATION MANAGEMENT SYSTEM**

**8.0 APPENDICES**

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COMPONENT 8.0

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APPENDIX 8.1

DEFINITIONS OF TERMS

## APPENDIX 8.1

### DEFINITIONS OF TERMS

Accounting - the system of recording and summarizing financial transactions and analyzing, verifying and reporting the results.

Accountability tool - an instrument used to determine if a person has accomplished what he is responsible or answerable for.

\* Assessment - the act of determining the degree or amount of. On the BCP chart, an assessment indicates which behavioral characteristics a pupil does and does not display.

Assessment tool - an instrument used to determine degree or amount of.

Baseline - observations gained over a period of time under circumstances not intentionally altered by the observer.

BCP - abbreviation for Behavioral Characteristics Progression.

BCP booklet - the booklet form of the Behavioral Characteristics Progression (BCP) which aids in the observation and recording phase of BCP use.

BCP procedures - the guidelines developed to assist the teacher and/or support personnel in using the Behavioral Characteristics Progression (BCP).

BCP chart - the two-dimensional array of 1,800 developmentally progressing behavioral characteristics from which learner objectives are determined for each pupil.

Behavioral characteristic - an observable and measurable trait, quality or property distinguishing an individual. 1,800 of these characteristics arrayed in developmental sequence form the Behavioral Characteristics Progression (BCP).

Behavioral strand - one of the 45 separate, though not independent, horizontally progressing categories of behavior on the Behavioral Characteristics Progression (BCP).

Communication tool - an instrument used to facilitate the exchange of thoughts, information, knowledge, understanding.

Continuous task - task which occurs throughout the entire school year.

Control group - in an experimental design contrasting two groups, that group not given the treatment whose effect is under study.

Criterion-referenced tool - an assessment instrument based upon defined or agreed-on performance.

\* = definitions from Calif. State Board of Education Guidelines for School Districts to Use in Developing Procedures for Evaluating Certificated Personnel.

Delivery process - the collection of sequenced tasks necessary to produce the end product.

DCHM - Development Center for Handicapped Minors.

Duration - the amount of time a behavior continues.

EMR - educable mentally retarded.

Educational system - a group of interdependent processes which unite to define the relationship of parts within an educational program.

Evaluation tool - an instrument used to evaluate an employee based upon accomplished tasks and pupil progress.

Field personnel - those individuals outside of the project staff working in the areas of special and general education.

Frequency - the number of times a behavior is repeated in a given time period.

Function - one of the twenty categories or groupings of tasks on the Task Base Composite (TBC) identified as being necessary in the education of the exceptional pupil.

\* Goal - a statement of broad direction or intent which is general and timeless and not concerned with a particular achievement within a specified time period.

Identifying behaviors - handicapping qualities or traits in each behavioral strand on the BCP which help to describe an exceptional pupil.

Incidence level - the rate of occurrence of a given behavioral characteristic.

Increment - one in the series of consecutive behavioral characteristics which progress from 1.0 to 50.0 on the Behavioral Characteristics Progression (BCP).

In-service training - instruction, teaching, or education which takes place during working hours or as part of the position requirements.

Instructional tool - an instrument used to facilitate the education of a pupil.

Job description - a list of tasks and responsibilities to be completed by a person in a given position (job title) in order to attain learner objectives.

Learner objective - a behavioral characteristic which is specified as the pupil's objective. Synonymous terms include instructional objective, behavioral objective, performance objective.

Management - the identification, assignment, implementation, and evaluation of program tasks in order to attain goals and objectives.

Management system - a process for managing task completion associated with the attainment of program and learner objectives, and organized so that all functions of the total program contribute to this completion.

Manpower requirements - the numbers and types of program personnel required to complete a given task.

MDM - mentally disordered minors.

Need - a deficiency or lack in an area necessary for the survival and/or growth of an individual or group of individuals.

Non-continuous task - task which occurs only at intervals during the school year (not daily or weekly) due to seasonal factors, beginning of the year, etc.

Non-primary chart - the second chart in order of importance or value to a given pupil. The chart (either BCP #1-22 or BCP #23-45) which least clearly matches a given pupil's behavioral characteristics level.

Non-prime line - the line of educational tasks on the TBC which do not directly involve the pupil but which are supportive of the Prime-line tasks.

Non-prime task - educational task which does not directly involve the pupil but supports Prime tasks.

\* Objective - a devised accomplishment that can be verified within a given time and under specifiable conditions which, if attained, advances the system toward a corresponding goal.

\* Personnel evaluation - the process of making considered judgments concerning the professional competencies of a certificated employee based upon accomplished tasks and pupil progress.

PERT - Program Evaluation Review Technique.

Post test - a test or assessment administered after experimental treatment is given

Pre test - a test or assessment administered before any experimental treatment is given.

Primary chart - the first chart in order of importance or value to a given pupil. The chart (either BCP #1-22 or BCP #23-45) which most clearly matches a given pupil's behavioral characteristics level.

Prime line - the line of educational tasks on the Task Base Composite (TBC) which directly involve the pupil in their completion.

Prime task - educational task which directly involves the pupil with the educator, teacher, parent, etc.

Process - a series of tasks or operations leading to an end. In education, the end is the educated pupil.

Process sequenced functions - those sequenced functions on the Task Base Composite which support the pupil.

Pupil - a child or young person who attends school or is in the charge of an instructor or tutor.

Pupil performance - behavioral characteristics which a pupil displays; e.g., on the BCP chart.

Pupil progress - the measurable advancement of a pupil to a higher or more developed stage. Pupil progress is manifested in left to right movement on the BCP chart.

Resource - a reserve or potential source of supply or support.

Resource allocation - the distribution of resources for a specific purpose or to particular persons or things.

Skill - a developed aptitude or ability to do a unit of work (task) competently.

Solution - an answer to a problem or fulfillment of a need.

Staff loading - assignment of specific numbers of personnel to positions or tasks.

\* Standard - a basis for the measure of quantity, value, or quality which is set up and established by authority or mutual acceptance. The Behavioral Characteristics Progression can be a standard for measuring pupil progress in terms of attainment of learner objectives.

Standardized tool - an assessment instrument based on performance correlated to scores which are applicable to a specific population

Stull Bill - E.C. 1385-89; as it deals with evaluation: "School board's written guidelines must contain certain provisions. The written evaluation guidelines for certificated employees adopted by each school board must at least provide for the following:

1. Establishment of standards of expected student progress in each area of study and of techniques for assessment of that progress.
2. Assessment of certificated personnel competence as it relates to the standards which are established for individual certificated personnel.
3. Assessment of other duties normally required to be performed by certificated employees as adjunct to their regular assignments.
4. Establishment of procedures and techniques for ascertaining that the certificated employee is maintaining proper control and is preserving a suitable learning environment."

Target or experimental group - in an experimental design contrasting two groups, that group of subjects given the treatment whose effect is under investigation.

Task - a unit of work or activity necessary to attain an objective and to be completed within a given time period.

TBC - abbreviation for Task Base Composite.



TDF - abbreviation for Task Description Form developed by VORT Corporation to record information on tasks performed by personnel positions.

TMR - trainable mentally retarded.

Umbrella functions - those functions on the Task Base Composite which do not directly involve the pupil but are supportive of the program.

Umbrella tasks - those non-sequenced tasks within the umbrella functions.

APPENDIX 8.2

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APPENDIX 8.2  
QUESTIONNAIRE RESPONDENTS

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  - \* Richard N. Page, Director, Special Programs and Projects  
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- Lee T. Sheldon, Director of Special Education and  
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APPENDIX 8.3

TASK ANALYSIS PARTICIPANTS



## APPENDIX 8.3

### TASK ANALYSIS PARTICIPANTS

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Betty Baldwin, Teacher's Aide  
Ruth Barrow, Teacher  
Mary Bevernich, Teacher's Aide  
Mary Cikith, Teacher's Aide  
Gary Clark, Head Teacher  
Barry Marks, Teacher  
Carol Sedar, Teacher

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Linda Ellis, Secretary  
Jerry Hynes, Teacher's Aide  
Carol Johnson, Permit Teacher  
Harry Kelly, Head Teacher  
Sandra Koblich, Permit Teacher  
Mary McCabe, Teacher  
Shirley Rawls, Teacher's Aide  
Evelyn Silva, Teacher's Aide  
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Itinerant Staff:

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APPENDIX 8.4

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#### APPENDIX 8.4

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APPENDIX 8.6

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APPENDIX 8.7

LABELING AND THE EXCEPTIONAL CHILD

## APPENDIX 8.7

### LABELING AND THE EXCEPTIONAL CHILD

To discuss the mentally retarded one might begin with a synopsis of the history of labels. Labels have been assigned to delineate the levels of mental retardation for many years. Idiot, imbecile and moron have denoted ranges in intellectual functioning as determined by I.Q. scores. Although they were meant to be precise terms (idiot = I.Q. of 0-19, imbecile = I.Q. of 20-49, moron = I.Q. of 50-79), their meanings became corrupted by the lay population and came generally to be used to describe very foolish or stupid people. Because of their disagreeable and degrading connotations, idiot, imbecile, and moron have been replaced by educable mentally retarded (EMR), trainable mentally retarded (TMR) and profoundly mentally retarded (custodial). Further, the term mentally retarded has been substituted for feeble-minded and mentally deficient.

Current authorities such as Heber, Sloan and Birch and Bensberg are in general agreement as to the gross characteristics one can ascribe to the present three levels of retardation. The EMP, although he functions intellectually below the average for the general population and is typically unable to cope with the regular school curriculum at the standard age, has a potential for achieving academic skills up to the 3rd-6th grade level and many social and occupational skills. His mental age is within the eight to twelve year range at maturity. The TMR has potential for training in self care, social adjustment in the home, oral communication, and economic usefulness in the home or sheltered environment. However, generally he is not considered capable of acquiring any academic skills, such as functional reading or arithmetic. His mental age at maturity ranges from approximately three and one half to eight years. The profoundly retarded adult by definition reaches a mental age of no more than

three and one-half years. He may display some motor and speech development, but even as an adult the profoundly retarded individual is so severely limited that he is seldom capable of taking care of even his own bodily needs such as feeding and toileting. He will always require close, parental-like supervision and for this reason the profoundly retarded person is referred to as custodial.

Labels have been attached to these levels of retardation to denote the degree of need or the emphasis of training for the child. If a child is labeled EMR, the concentration is on academics rather than on self-help skills as stressed with the TMR. Categorizing children by use of labels is thought to make education and training more efficient since it is felt all individuals of the same general type can be dealt with most easily together.

However, labeling presents many problems. Grouping people into categories can result in a loss of individual personalities and human qualities. In order to group, one must consider certain qualities (such as I.Q.) and ignore others (such as learning rate). It might be said that people lose their individuality in this categorization process because the traits that make them truly different from other people are overlooked. They are classified on the basis of gross similarities to others.

Also, there is a tendency in labeling to stereotype people: that is, to attribute the characteristics commonly associated with the label to all people in the category. One of the major misconceptions about the retarded is that specific clinical types of retardation have unique differences in qualitative and quantitative psychological and intellectual functioning. It has been assumed for years

that there are distinct differences between exogenous (brain-injured) retardation, endogenous (cultural-familial) retardation, and mongolism. Studies undertaken to validate this assumption have proven it to be fallacious, however, Dunn and Capobianco (1954) found no significant differences in their arithmetic studies of computation, reasoning, achievement, reversals, and understanding the concept of zero between brain-injured and familial types. Murphy (1956), working with the same population, found no differences in verbal production and concrete performance as measured by the Stanford-Binet and Draw-a-Man tests. Semmel (1960) found no significant differences in teacher ratings of mongoloid and brain-injured in the areas of self-help, social, motor, and academic and vocational skills. The authors of all these studies concur that teaching programs should be based on behavioral characteristics rather than on etiology.

In another group of studies, specific stereotypes of the retarded were examined. Gallagher (1957) found that the stereotype of the brain-injured child with perceptual problems and other behavior disorders was not valid. Gardener (1959) found his population of brain-injured to be no more responsive to stimuli and no more active than the mongoloids he studied, thus questioning the validity of the stereotype of the hyperactive, brain-injured child. Blessing (1959) studied the popularly conceived "docile," "amenable" mongoloid and found that he displayed the full spectrum of emotional and social responses, not just those on the passive end. Cantor (1959) found that the "rhythmic" mongoloid had a worse sense of rhythm than normals. The authors of this group of studies conclude that since characteristics of retardation are not universal, generalization and stereotyping should be avoided.

Another study dealing with the problem of stereotyping (Gibson and Gibbons, 1958) analyzed the popular misconception that the number of diagnostic signs on a mongoloid (physical stigmata such as

sparse hair, flat nasal bridge, protruding tongue, etc.) correlate negatively with intelligence. These experimenters found just the opposite, however; that a positive relation existed between the two. That is, the greater the number of physical signs, the higher the intelligence of the child. These authors share the previously stated conclusion that children must be placed in an educational program based not on physical or diagnostic labels, but on behavioral abilities.

Another problem with labeling is that it tends to promote the "self-fulfilling prophecy" phenomenon. In other words, the performance of the labeled individual will be influenced by the expectancies of those with whom he interacts. If the parents and teachers of a child have been told that he is profoundly retarded and that such children generally never learn to feed themselves, they might possibly not expect this behavior from him and the probability that he will ever display it is greatly reduced. To impose limits on expectancies by means of labeling reduces the potential of the educational process. Because of labels, the child may not be presented with certain learning situations, as with the trainable retarded who is not usually exposed to numbers or reading, not on the basis of his individual characteristics but on the basis of the gross expectations of his group. The possibility of his learning this material was not excluded by his own physical or mental limitations but by those imposed from without.

Numerous studies have been undertaken to show how the self-fulfilling prophecy operates. Rosenthal and Jacobson (1966) gave teachers names of children who would show "unusual intellectual gains" during the school year based upon a test designed to predict "academic blooming." These children were randomly chosen from the total group to which the test was administered. Eight months

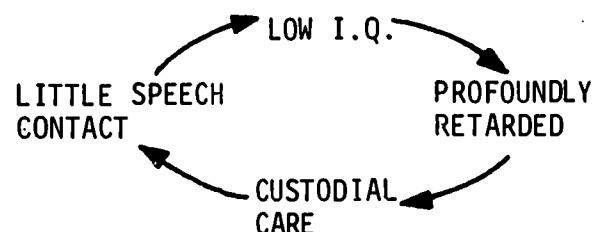
later all the children were retested using the same test. The results showed that those children from whom the teachers had been led to expect greater intellectual gain showed a significantly greater gain in I.Q. scores than did the control children. Some children gained as many as 24.8 I.Q. points in excess of the 16.2 gained by their control group.

In a similar experiment (Beez, 1968), a psychologist's report predicting either "good" or "poor" school performance determined how much the teacher presented to the child to be recalled as well as how much he actually did learn.

These studies offer evidence to support the premise that labeling influences teacher expectations, which become translated into teacher behavior. This teacher behavior in turn elicits the expected pupil behavior. The pupil's behavior is thus indirectly influenced by a condition over which he has little control--the labeling of his intellectual level. One begins to question whether the content and methods of school programs improve academic performance or whether improvement is due to the favorable expectancies of teachers, parents and administrators.

A further drawback to labeling is that it tends to reinforce learning problems. A good example of this is in the area of language development or expressive speech. The Stanford-Binet is the most widely used test to determine children's I.Q.'s and from the score obtained on this test the category each child falls into (gifted, normal, EMR, TMR, profoundly retarded) is determined. MacCubrey (1971) offered the explanation that this test depends heavily on verbal response, making a child's I.Q. greatly affected by his ability to communicate orally. If a child has poor language development he scores low in I.Q. He is thus labeled profoundly retarded and is put in a custodial program in which there may be

minor emphasis on speech training. Further, it has been hypothesized (Semmel and Dolley, 1971) that adults associating with the retarded "limit their verbal interaction to simple statements and questions and thus impoverish the verbal environment of such children." There is little chance that this child's speech and subsequently his I.Q. will improve in such a program. Such a child is trapped in a non-progressive circle with very little chance of escape, as is illustrated in the chart below.



Yet another harmful effect of labeling is the stigma, the "undesirable differentness" a person who is labeled feels about himself. There is some evidence that the self-image is greatly lowered when one is placed in a special category. Welch (1965) & Meyerowitz (1962) showed that EMR children labeled and segregated on the basis of intellectual inferiority not only made smaller academic gains than the retarded children in regular classes but also showed a significantly greater degree of self-derogation and saw themselves as inadequate and rejected. It seems that interaction with normals results in better performance as well as an increased feeling of competence and worth. The feeling of differentness appears to be more detrimental than the high level competition intellectually superior peers offer.

A study of retarded persons who graduated from the vocational training program at a California state hospital was undertaken to show the stigma of inferior mental capacity (Edgerton, 1967). Of the

forty-eight adults interviewed not one was able to admit the "real" reason for hospitalization. They attributed their confinement to nerves (2), mental illness (2), alcoholism (3), epilepsy (4), sexual delinquency (5), criminal offenses (5), physical illness (7), need for education (8), and rejection or abandonment of parents (12), but never to mental retardation. Not one person admitted that he was rightfully institutionalized. Instead, they overwhelmingly blamed institutionalization for their incompetence. This unanimous denial could lead one to believe that an individual cannot live with the label "retarded" without destroying his conception of himself.

It seems that labeling has so many deleterious affects on the individual as to make it counter-productive in the education of the retarded. If there could be as many labels as people so as to take into consideration all possible constellations of characteristics and hierarchies of needs, labels might then be validly applied. Presently, first, middle, and last names seem to serve this function. However, if there were a different label for each person as with names, they would lose one of their main functions, grouping of individuals for efficiency. Should this efficiency be sacrificed, however, to humanize and individualize education? An answer might be in the negative with the accompanying explanation that the real world constraints of time, money and resources must be considered, and therefore efficiency cannot be so easily rejected. Nevertheless, the education of a mentally retarded child should and can be based on his own needs as determined by his individual characteristics rather than on the characteristics associated with his label. It requires that we define the child in terms of what he can do rather than what he can't do and that at the basis of his education are his individual characteristics, not his label.



Much of education in the past has been accepted on faith rather than on its proven merits. A child's mere presence in a classroom was generally considered indicative of the acquisition of necessary information. Possibly this could account for much of the controversy that has filled the area. Recently, however, people have begun to genuinely question education both in its purpose and actual operation. Educators have been asked to become increasingly more analytical, asked to explain what they are attempting to achieve and the methods they are employing.

Education has begun to purge itself of private interpretations, intangibles, immeasurables, indefinables, and unapproachables. In doing so, it has turned to behavior. The behavioral approach to education describes learning as a change in behavior resulting from experience, practice or training. As a pupil moves along the continuum of characteristics beginning with the earliest behavior displayed by a baby and ending with the most developmentally complex and socially adaptive behavior shown by an adult, his progress is made manifest in his changing behavioral characteristics.

The behavioral approach to education has many advantages over previous, less defined approaches. It is objective since it is observable and measurable and leaves very little room for individual interpretation. A behavioral characteristic determined for a child can be checked for reliability and validity by another observer or by the same observer at another point in time. In its objectivity, the behavioral approach enhances communication between all levels of the educational process since everyone is able to use common descriptions and terms. Another important advantage is that a behavioral progression imposes no limits or boundaries nor does it make any judgments. Since it is only concerned with the displayed behavior and not with norms or standards, it eliminates labels and ages, the

problems of which need not be reiterated. It is very possible that education's future lies in this behavioral progression. Education could become based on one lengthy and extremely complex continuum which would help insure that learning would not stop when one reached his grade level nor that it would cease after he left school entirely, but that it would continue throughout a lifetime as most educators would probably agree it should.

However, it must be made clear that the behavioral approach at this point is not education's panacea. It does have its limitations, too. It is very difficult, unfortunately, to describe one's affective qualities in behavioral terms despite the fact that they are a substantial part of human nature. This is not to say, however, that affect does not exist, but only that the sophistication needed to describe this quality is lacking. Also, until educators decide exactly what are the behaviors necessary to function well in the society, they cannot be included in the progression. Perhaps at a future date a method of observing and quantifying affect and necessary adaptive behaviors will be devised, but until then education might have to accept a behavioral progression as a beginning in the total description of positive behaviors. It is probably better to exclude such emotions until they can be behaviorally defined.

Otherwise, parents, teachers and administrators might be deluded into thinking that a child possesses an ability even though they are unable to observe it in any behavioral way. In the end, the child loses if this should happen. If he has not learned a specific behavior but it is assumed that he has, the child might not be taught it and the likelihood of learning it will be decreased significantly.

Behavior, then, is essential to education. Without a change in behavior, an overt manifestation of a new adaptation to one's environment, any learning that may take place cannot be observed or

One of the most severe examples of maturational impairment in the retarded child is his low verbal performance. Generally, if he speaks at all, the child does so in single words or fragments of sentences and uses very few vocabulary words. Although studies (Stevenson and Iscoe, 1955; Milgram, 1966; Hermelin and O'Connor, 1958) show that the mentally retarded child can transpose (choose the larger of the test pair rather than the one closest in size to the correct stimulus in the training pair) and conceptualize (classify objects according to concepts), they are not able to verbalize the principle behind nor the reason for their actions. It has been hypothesized (Griffith, Spitz, and Lipman, 1959) that this retardation in language development is the primary reason for lowered achievement of the retarded. This is because verbal processes and verbal production play a major role in performance. The authors suggest that learning situations and intelligence tests which are free of verbal performance requirements be devised. This would assure a more accurate evaluation of the child's intellectual functioning and learning.

Another area showing a maturational lag is motivation. Retarded children are generally motivated by what is typical for their mental age and emotional maturity rather than by what is usual for their chronological age. A tangible reward is a more appropriate reinforcer than an intangible one for the retardate, (Ugler and de Labry, 1962). Also, a retarded child will show a higher degree of performance when he knows what the goals are and what his reward will be. Thus, the more concrete the reinforcer is made, the greater the learning. Much of the retardate's poor performance is due to reinforcement which is too abstract or developmentally advanced rather than to lack of motivation.

It is generally agreed that the retarded child has a slower learning rate than that of normals and that their initial score, unlike normals, is not a good predictor of learning time. Thus, different

teaching techniques might need to be employed with the retarded. For example, although they do not appear to learn from repetition and drill, numerous studies (House and Zeaman, 1960; Johnson, 1958; Barnett and Cantor, 1957; Tizard and Loos, 1954) have shown that the retarded display a significant amount of transfer of training, in some cases more than normals. Using transfer techniques, a mentally retarded child can learn how to do relatively complicated tasks in a reasonable amount of time (although usually greater than that of normals).

Also, the retardate generally shows a lack in incidental learning. While a normal child gathers peripheral information (such as color of teacher's clothing, plan of room, etc.) in a learning situation, the retarded child will probably learn no more than the central theme. For this reason, while the normal child acquires this knowledge indirectly the retarded child must be specifically taught this knowledge to function in society. The results of a study done by Lillie (1966) corroborates this conclusion. He found that retarded children did not show improvement in the language and fine motor areas unless there was direct intervention on the part of the teacher and concluded that society cannot depend on incidental learning to educate its retarded. Hodges, McCandless and Spickler (1962) have studied this problem as it relates to curriculum development and have determined that curriculum must be designed specifically for the deficits of the retarded child, and that he cannot be placed in a program that uses a general approach to learning as is common in kindergarten classes. This conclusion echoes the phrase "educational programs to meet the needs of the child as determined by his behavioral characteristics."

Another deficit of the retarded child in the area of learning is a short memory span. However, retention can be greatly increased if the material is verbalized at the time of learning, if it is

overlearned, and if it is meaningful to the child. An important study done by Klausmeier, Feldhausen, and Check (1959) shows that low I.Q. children, although they may learn more slowly, will retain the information as well as normals if it is appropriate to their level of functioning. The implication of this finding is that teachers of the retarded should know each child's level in each area of the curriculum. In other words, the teacher should know what the child's behavioral characteristic is in each of the subjects and the characteristic that follows it. If the teacher is unaware of either, the child's retention will most likely not be its greatest.

The last indicator of the retarded child's impairment in learning is his short attention span resulting in an inordinate amount of glancing behavior. Recent evidence presented by Turnure (1964, 1970) leads him to conclude that the "distractability" of retardates might well be considered an attempt to get help rather than malproductive inattentiveness. That is, when the child is unable to solve a problem, he looks up possibly in an effort to get the teacher's attention. This explanation certainly could account for the increased lack of attention to tasks displayed by the retarded. Since they experience more failure than normals, retarded children tend to be more outer-directed, more dependent on external guidance. However, since in the long run it is more beneficial for the retarded child to learn to function using his own abilities, an attempt should be made to reduce this outer-directed distractability. Possibly, setting up success situations with the gradual introduction of minor failures to ensure realism, might strengthen the child's ability to attend to a task.

Closely related to the retardate's outer-directedness which results in a short attention span, is his tendency toward self-devaluation. Owing partly to his low intellectual functioning, the retarded

child can experience a high proportion of doubts, rejection and failure. As a result of the inordinate demands of his environment compared to his physical and mental competencies, he often learns not to trust his own abilities and judgment. A study carried out by Wachs and Cromwell (1960) found that a retarded child, if weakened with failure or under stress, would change his responses to agree with those of the adult rather than stand by his own beliefs. Since it is felt that this devaluation of the self is counterproductive to a successful social adjustment, the authors suggest that teachers of a retarded child stress the child's abilities and judgments rather than their authority. It is a generally accepted fact that the mentally retarded need more human support and more constant reinforcement than do normals (see Rothstein, 1961, p. 60). It is possible that many of the rules of the regular classroom must be ignored in order to serve special education's purposes.

A second manifestation of the impaired social adjustment of the retarded child is his inclination toward rigidity or perseveration. The retardate often displays stereotypical behavior, the inability to change responses with changes in stimuli, and the incapacity to adjust to new tasks or situations. It is suggested that the retardate's deficit in experiences could account for his rigid behaviors. New situations are more difficult for the retarded child because he is offered so few of them. A study done by Holt (1958) in England found that 41% of those families with a retarded child restricted or in some way limited their activities because of the retardate. Adding to this figure the fact that many retardates are raised in adverse environmental circumstances without the advantages that middle class family life affords (often one or more parents or siblings are also retarded) further helps to explain this rigid maladaptive behavior. What might be needed is the introduction of new stimuli and new

situations which are enough like the old ones so as not to threaten the child, but different enough to offer him a new experience.

We now have a fairly accurate, though general description, of the behavior of the majority of mentally retarded population. To summarize, they display delayed motor development, low verbal performance, immature motivation, in the areas of maturation. In learning, their deficits include a slow learning rate, a lack of incidental learning, a short memory span and a short attention span. In social adjustment, their maladaptive behaviors include a tendency to self-devaluation and rigidity.

For the retarded child, like all others, growing and learning are dynamic processes greatly influenced by their environment. Since expectations have pronounced effects in performance, as was discussed earlier, the concept of the retarded child as somehow different from the normal might significantly prejudice his development. Is it possible to consider the mentally retarded child as basically similar to the normal but retarded in intellectual functioning adaptive behavior? The reverse, to consider the retarded child as basically different from the normal but having the same needs and showing the same patterns of development would seem somewhat unfair to him. From all evidence, it appears that the former conception gives a truer perspective of the retardate than the latter.

The mentally retarded child shows the same developmental sequence and the same behavioral characteristics as the normal child in physical, mental and psychological growth. The two populations differ only in rate and degree of development. More specifically the retarded child is slower to mature in all these areas and even as an adult does not progress as far along the continuum of development as does the normal child. However, as far as he does go, he usually follows the standard growth patterns.

In the area of physical growth, the retarded child, like the normal child, crawls before he walks, grasps before he feeds himself, runs before he rides a bicycle and generally exhibits all the physical behavioral characteristics of normals. It was believed that retarded children could be differentiated by certain physical traits called "stigmata of degeneration": low-set ears, widely spaced eyes, low foreheads, etc. However, it has been suggested (Schain, 1970) that many of these traits have been found in normals and even to a degree in high achievers. It seems in physical development, excluding rate, there is little to set apart a retarded child.

In the area of mental growth or learning the same conclusion as that concerning physical growth can be drawn. There is some evidence (Fuller, Sloan, Berg) to show that retarded learning curves are much the same as those of normals. One could expect as much since mentally retarded children display the same learning processes as others: those of imitation, reasoning, generalization, transfer, conceptualization, and value formation. Also, the retarded population shows the same variability in learning as the normal one does. As is true of all children, the retardate shows better performance in some areas than others and derives pleasure from discovering and mastering his own skill. For both normal and retarded populations the instructor's (whether teacher or parent) relationship with the child is of great significance in helping or hindering learning. In addition, the normal and retarded child will make better academic progress if the home and school cooperate in their educational efforts. This includes working toward a common objective and employing the same methods to achieve it.

The last area in which the retardate compares favorably with the normal is psychological growth. Both need and seek love, security, recognition and a sense of belonging. Both must be taught independence. The retarded child's motivation follows the same "rules" as the normal's. He will acquire



little or no learning unless he is motivated, and what is motivating or interesting to one child may have no or possibly negative influence on another. The development of motivation follows the same sequence for retardates as for normals. It differs only in that for retardates the progression from the primary to the secondary motivational system is slower than for normals. As Cromwell (1960) found, the retardate shows the same first motivational system. In this system, the young child approaches situations because they are pleasurable and avoids situations because they are painful. Like the normal, as he matures, the retarded child approaches situations that afford him a chance to succeed, and avoids situations in which he feels he will fail. His motivational system changes from one based on biological incentives to a more mature one based on conceptional incentives. No longer does the child, whether retarded or normal, strive for pleasure, but for success, a much more developmentally complex motive.

From all current evidence, it appears that in the three areas of growth--physical, mental and psychological--the retardate differs not in type and sequence, but in rate and level of development achieved. Therefore, the retarded can be described by the same behavioral characteristics as those of a younger normal. A retarded child with a chronological age of 5 years who displays the behavioral characteristic, "grasps spoon in fist" (#21.0 on Feeding/Eating strand, Behavioral Characteristics Progression) is being described by a characteristic of a one-year-old normal. The characteristic does not differ; only the age (the indicator of the rate of development) varies. The same behavioral characteristic could be applied to the other extreme of the intellectual spectrum--the gifted. The gifted child might display "grasps spoon in fist" at six months rather than at the normal one year. The

same behavioral characteristics could be used by all populations of handicapped children as well as normals, including the mentally, behaviorally, and, most probably, the physically exceptional. A listing of behavioral characteristics, such as the Behavioral Characteristics Progression (BCP) developed by this project, not limited by age association could be used for the total human population. In this way, children functioning at all intellectual, behavioral, and physical levels could be placed in proper perspective. One could, therefore, see how a child relates to the rest of the population without being prejudiced by the age at which his behavior "normally" develops. Also, one could readily see which behaviors the child has yet to develop to progress along the BCP. In these ways, the Behavioral Characteristics Progression could free the education of the exceptional child from traditional limitations such as those described earlier in this material.

APPENDIX 8.8

ASSESSMENT TOOLS, CURRICULUM GUIDES, AND DEVELOPMENTAL CHARTS  
USED FOR THE BCP

## APPENDIX 8.8

### ASSESSMENT TOOLS, CURRICULUM GUIDES, AND DEVELOPMENTAL CHARTS USED FOR THE BCP

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Fresno, California

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APPENDIX 8.9

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## APPENDIX 8.9

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